DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affilt deal. Page may be retained by the haspital or aftending physician.	1
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral permit plane 3 should be detected for use as the burial-transit permit. Then please remove carbon papers. PageSt and 2 should be filled thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If them 21 is morked at them 18 shakes any injury, or other traumatic eventuals medical examines. The presentation are	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1)	6-8	0	J	-

REGISTRAR			ICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST Hazel	Mat		CKMAN	February 7, 1984	4 28 HOUR 500 A
3. SEX Female	4. RACE White			6. AGE (IN YEARS LAST BIRTHDAY) NO. 100	IF UNDER LYEAR SEUNDER 24 HRS ONTHS DAYS HOURS MIN.
Mary and 10. CITY OR TOWN OF DEATH	76. CITIZEN OF WE	MARRIE	D NEVER MARRIED DIVORCED	Garrett \	OF DEATH MD.
Oakland USUAL RESIDENCE (IF NURSING HOME)	Garrett		Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY HOME
ISO STATE ISO COL			YES NO X	Rt. #1, Box 9	21561
Homer 160 WAS DECEASED EVER IN U.S. A	MIDDLE	Weimer b. SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAM	Ellen ADDRESS	Glass
	IVE WAR OR DATEST	219-03-9538		Butt, Oakland, N	Md. 21550
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2_OTHER SIGNIFICANT	DUE TO, OR AS	S A CONSEQUENCE OF	SHD Z	A VC	VVS N IN PART 1 to
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		N FOR WHICH OPERATION		YES NO Y YES	
OR CONTRIBUTING CAUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT SHEET CAUSE OF DE CONTRIBUTION OF THE COCCURRED NOT SHEET CAUSE OF DECEMBER OF THE COCCURRED NOT SHEET CAUSE OF THE COCCURRED NOTIFICATION OF THE COCCUR	HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET, Intol) attended the de	MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) Extraced from or death.	21f LOCATION STREET 19 d that in (my) (of) apinion de DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	CITY OR TOWN to	that (I) (pollast and from the couses stated
230. BURIAL, CREMATION, REMOVAL (SPECIFY) burial			METERY OR CREMATORY	23d LOCATION Swanton, Garret	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Pradley A. Stewart

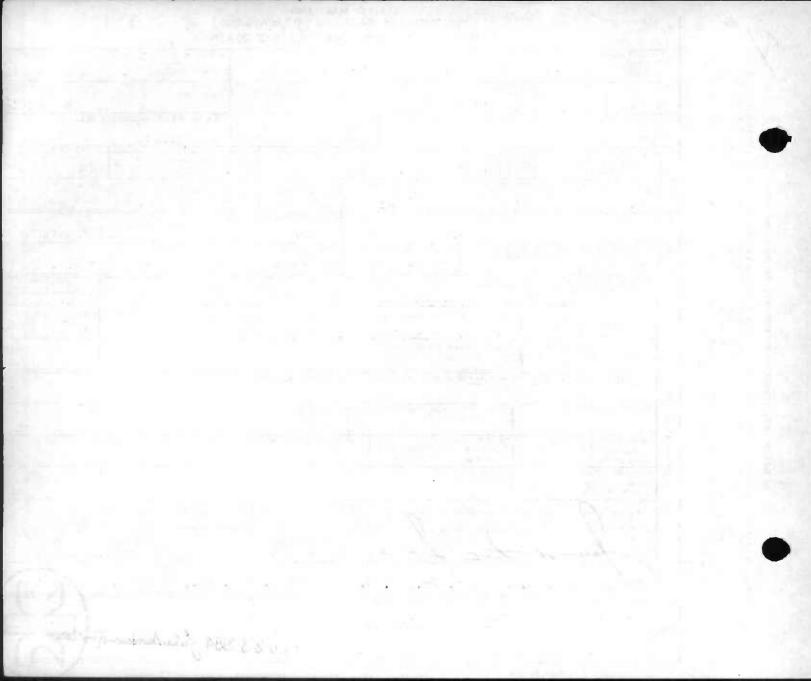
Oakland, Maryland

2 F F B

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND	e e		,	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4	8	6	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	-	REG. N	10.	

	1 - 5	STATE REGISTRAR		MED	ICAL EXAM	INER'S	ERTIFIC	ATE OF	DEAT	J ←¶ H R	EG. NO.			10.53
	1. DEC	CEASED NAME			MIDDLE	Cor	LAST .			DATE KNO	TI-	MONTH DAY		26 HOUR
72 HOURS	8. SEX	ale	Ervin 4.RACE White	5 DATE OF BIRTH		IN YEARS IF UN RIHDAY) MONT YRS.		HOURS /	4 HRS. 2c		W W	2 14 2 14	184 184	7P M 24 HOUR 830P _M
NH N	BIR FOR	RTHPLACE (ST. REIGN COUNTRY) arylar ryor town (ate or	USA	AT COUNTRY?	WIDOW		DIVORCED	D D	Gar	rett ON (TYPE OF	WORK 17b. KI	IND OF BU	MD.
	Ьi	tzmill	ler	(IF NOT IN SUCH FACI	mar Rd.	ESS)			Rail	lroad	OFE]	Ra	ailro	oad
26	13a, ST	Md.	Garre	TY	Shallm	/N	13d INSIDE CIT	NO 🗌	Sha]	ADDRESS Llmar	Rd.	215	59	
10	[2 16a, W		DEVER IN U.S. ARM	AED FORCES?	nley	URITY NO.	U1n:		NAME	MIDDLE	DDRESS	Clir	ngeri	<u>man</u>
DIVISION		NO OR UNKNO		war OR DATES)		4937	Flos	sie C	Conle	ey K	itzm:		, Md.	
OF HEALTH AND MENTAL HYGIENE MAL, CREMATION, OR REMOVAL.	NC	Candition gave ris couse (a) lying cau	ns, if any, which se to immediate stating the under- use lost.	DUE TO, OR A	AS A CONSEQUEN TTETIOSC AS A CONSEQUEN	ICE OF Lerosis ICE OF	, gene	eraliz					ears	
N. J.	CERTIFICATION	19a DATE OF	OPERATION	196 CONDITI	ION FOR WHICH C	OPERATION W	AS PERFORM	AED?					AUTOPSY?	? NO 🛣
21201 PRIDR TO BUT	CAL	UNDERLYING CONTRIBUTION	NG CAUSE OF D	DEATH P.M.	MONTH DAY	YEAR P	OW INJURY (CATION SIREET		(TURE OF INJURY IN	TEM 18 PART	COUNTY		STATE
DALIMORE, WARTINING, 2		220. I certil death results	d your Notur	e of the remains described causes X. H. Feaste	Accident ,	Suicide	Hamici TITLE (SF	PECIFY)	Undetern	Inquiry X mined manner		DATE 2-1 sign 2-1 nd, Ma		
17	24 FL	URIAL, CREMA PECIFY) Buria UNERAL DIREC	TION, REMOVAL 7	36 DATE 2-17-84	23c. NAME OF	CEMETERY C	OR CREMATO	RY TV	23d. LOC.	ATION TOWN	en M	COUNTY INETA BAR'S SYNA	J W	TATE
4/B2														



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and 2 stands the State Dept, of Health and Mental Hygiene prior to buriol, cremation, ar remaval.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CTATE	

REGISTRAR

CERTIFICATE OF DEATH	REG. N	١٥.	6.34		THE L
LAST	20. DATE OF DEATH	MONTH	DAY	YŁ AR	25 HOUR
Corby	Feb	18,	1984		611 PV
S DATE OF BIRTH	& AGE TIN YEARS LAST B	IRTHDAY)	IF UND	ER TYEAR	# UNDER 24 HRS

6

	EASED NAME FIRST OR PRINT) Archie	u'	AIDDLE		AST	20. DATE OF DEATH MONTH	IG84	25 HOUR
3. SEX		4 RACE White	e	S. DATE O	F BIRTH 1933	6. AGE IN YEARS LAST BIRTHDAY) 50 Yrs	IF UNDER TYE	
9	RTHPLACE (STATE OR FOREIGN DUNITY) ennsylvania	76. CITIZEN OF	A.	WIDOWE		9 BALTIMORE CITY OR COL	rett	M
	akland Md.	(IF MOT IN SUC	HEACHITY SIVE STAFET.	ADDRESS)	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ING LIFE) INDUSTI	D OF BUSINESS OF RY LO
13a. 51	laryland (OR OTHER INSTITUTION, JINTY Jarrett	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hutton		13d INSIDE CITY LIMITS? YES 🙀 NO 🗌	13e STREET ADDRESS / ZIP C Star Rt. 32	CODE BOX	1550 7 A
	THER'S NAME FIRST LOYD	3. MIDDLE	Corby		15. MOTHER'S MAIDEN NA FIRST PRENE 17. INFORMANT	ME MIDDLE ADDRESS	Ro	bins
16a W	VAS DECEASED EVER IN U.S. A ES, NOOR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RIIY NO.		by, Hutton Mary	yland	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause per SED BY: ATE CAUSE (a)	Ine for (a), (b), on	1	Obstruction	ov.	BETWE Z	Cuy 3
	Canditions, if any, which gave rise ta immediate couse (a), stating the underlying cause last	/	le years.					
NO		achecia.		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	N GIVEN IN PART	10
CERTIFICATION	190 DATE OF OPERATION AUG 1982	196 COND	1	OPERATIO	N WAS PERFORMED		IF YES, WERE FIN ERTIFYING CAUS YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI	HOUR A.		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART	2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	27s.I certify that (I) (this has saw the deceased alive obove, (I) (we) self-trifid	7/18	184 10_			death accurred on the date and	d hour and from	
-	276 SIGNATURE	1	~ .		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		20/84.
	RAGO	RALSKI	w		Daklan.	d, Md.		
	SURIAL, CREMATION, REMOV.	2/20/	230	VAME OF C	EMETERY OR CREMATORY	23d. LOCATION Uniontown P	ennsyluc	rria State
24. F.	UNERAL DIRECTOR WALL	chan	Jerra	Ita,	Vest Va. FEB	16 REC'D. BY REGISTRAN 256. RE	avidson-R	NATURE .

DHMH - 16 50M 4/83 (VRA 15, 4)

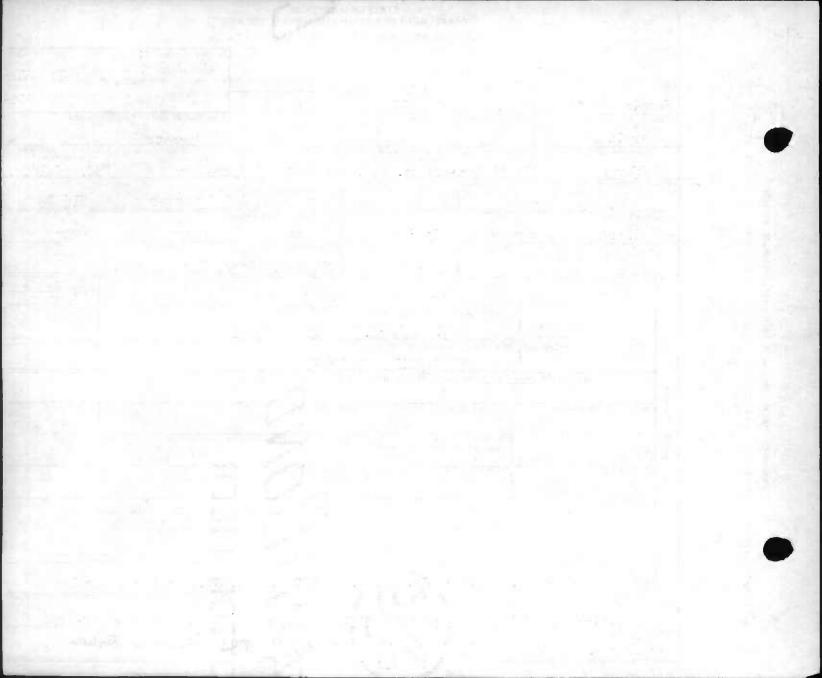
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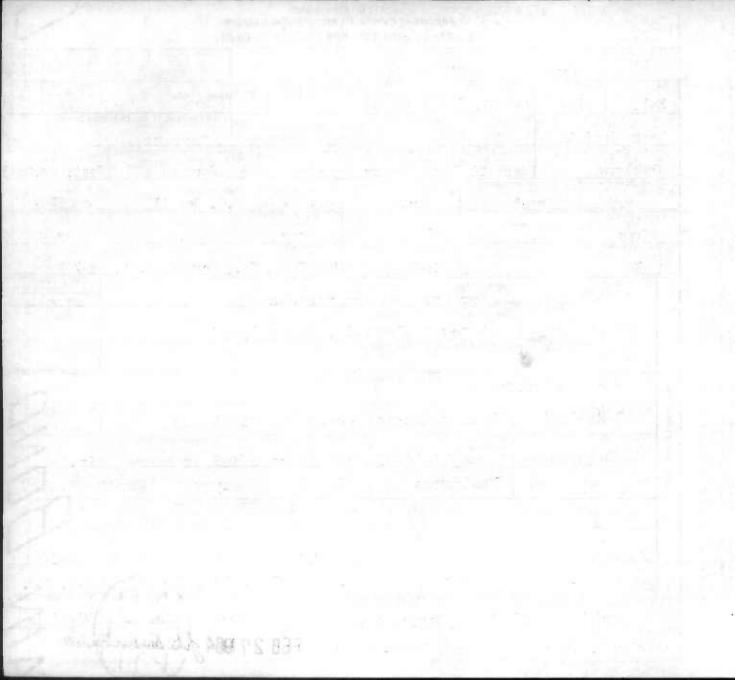
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-21	1	FOR STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE () 4 3	6 3
e e e e e e e e e e e e e e e e e e e	(7	DECEASED NAME THE OR PRINT A Y THE SEX	C. (DeWITT)		20 DATE OF DEATH MONI 2-2-89 6. AGE (IN YEARS LAST BIRTHDAY	6:60 F
	70.	Female BIRTHPLACE (STATE OR FOREIGN COUNTRY)	White 76. CITIZEN OF WHAT CO	Jan.		9. BALTIMORE CITY OR CO	YRS. HOURS MI
s ofter and so oft	10	Maryland CITY OR TOWN OF DEATH McHenry	USA 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Star Rt. #2	IVE STREET ADDRESS)		Garrett 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	12% KIND OF BUSINESS (INDUSTRY HOME
LAND 2120 bin 24 hours should be fa	13	UAL RESIDENCE (IF NURSING HOME 1. STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDEN		13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS / ZIP Star Rt. #2	CODE
ecuted with ecuted with d complete es 1 and 2;	4	Milton WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCI	tle	Susan 17 INFORMANT	MIDDLE ———————————————————————————————————	Cuppett
BALTIMORE ote be exect sysicion and c apers. Pages vol.	-	No	anly one cause per line for to	56-8858 1, (b), and (c),1		Witt, See #13	above APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonappers: Pages 1 and 2 should be filled in by as the buriol-transit permit. Then please remove carbonappers: Pages 1 and 2 should be filled in by an additional Hygiene prior to buriol, cremotion, or removal.	NOIL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO	ING TO DEATH BUT	NOT RELATED TO THE TERM	Hupkert	Years ON GIVEN IN PART 110 ENGINEER FINDINGS USED
DIVISION OF VITAL REC NG PHYSICIAN: The low offending physicion. ffer this certificate has b os the buriol-tronsin perm th and Mental Hygiene pr ork for it mill all theses or	MEDICAL CERTIFICATION	OR CONTRIBUTION CALLER OF	21b. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR			CERTIFYING CAUSES OF DEATH?
TO HOSPITAL OR ATTENDIS retoined by the hospital or TO FUNERAL DIRECTOR. A should be detroched for use with the Store Dept. of Heal	1	sow the deceased alive above. (1) (was tord) (did 72b. SIGNATURE	on TANGERY TO PRINT) The Stolltzfus,	h. 19 17 .0	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	
BP DHMH - 16 50M 4/83	24	BURIAL, CREMATION, REMOV SPECIFY) BURIAL FUNERAL DIRECTOR NAME	2/5/84	Oak Gro		23d LOCATION CITY OF TOWN MCHENTY Ga E REC'D. BY REGISTRAR 23b. 1	rrett. Maryland
(VRA 15, 4)		Bradley A. Stew	art Uakland	, Marylan	d 215 8 1 4	1984 Julia Sain	dron Bardelle :

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIFIC	ICATE OF DEATH	RF(. NO.			
I. DEC	CEASED NAME	FIRST	/	AIDDLE		AST	20. DATE OF DEAT		DAY YEA	2b. HOUI	R
(TYPE	ON PRINT)	Everet	t P	arker	GF	REEN	Feb. 18	1984		11:3	OA
3. SE)	х	4.	RACE		S. DATE O		6. AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER 11		
	Male		Whit	e	Jan.	19, 1910 YEAR	74	YRS	MONTHS D	AYS HOURS	AA IP
7a. BI	IRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DEAT	Н	
L.	Maryland		USA		WIDOWE		Garret	t Count	у,		٨
10. CI	Swanton		(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET BOX 18	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR MY Farmer		IFE) INDUS	ND OF BUSINE TRY rming	SS C
UśU	AL RESIDENCE HEN	URSING HOME OR OT	THER INSTITUTION.	GIVE RESIDENCE BEFORE	E ADMISSION)				1.6	F 111 -F-1 1 E	_
	arvland	Gar	rett	13c. CITY OR TOW Swanto:		13d. INSIDE CITY LIMITS?	Route 2		88	21 561	
_	ATHER'S NAME FIRST John		IDDLE	Green		15. MOTHER'S MAIDEN NA FIRST Tda			Bowe:	LAST	
lán V	WAS DECEASED EV		-	16b. SOCIAL SECU	IRITY NO	17. INFORMANT	Rout	DRESS D		19	-
()	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATEST	213-12-9		Fannie E. Gr					
	18 CAUSE OF DE	ATH (Enter only	ane cause per	line far (a), (b), an					BETY	PROXIMATE INTER	VAL
	PART I. DEATH	I WAS CAUSED		Carcino	ma of	Bladder			16	who	•
	cause (a), sta underlying ca		DUE TO, OI	R AS A CONSEQUI	ENCE OF						
NO	cause (a), sta underlying ca	use last.	(c)			NOT RELATED TO THE TERM	NINAL DISEASE OR (ONDITION GI	IVEN IN PAR	RT Tro	_
TIFICATION	cause (a), sta underlying ca	oting the use last.	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	S, WERE FI	NDINGS USED	H?
AL CERTIFICATION	PART 2. OTHER S 19a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING	Dring the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH	196 CONDITIONS CO	DNTRIBUTING TO	DEATH BUT		200 AUTOPSY?	20b. IF YE	ES, WERE FII IFYING CAU	NDINGS USED JSES OF DEAT NO	H?
MEDICAL CERTIFICATION	PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M 21d. IN JURY OCC	Defing the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	196 CONDITIONS CO	DNTRIBUTING TO	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YE	ES, WERE FII IFYING CAU	NDINGS USED USES OF DEAT NO [H?
	PART 2. OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING. (IF EITHER, NOTIFY M 21d. IN JURY OCC WHILE NOTIFY M 22c.1 certify that saw the dece	Defing the use lost. IGNIFICANT CO RATION UNDERLYING	In time of Hour A. 21b. PLACE (AT HOME, STE	TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY EET, PACTORY, OFFICE, I	OPERATION AY YEAR 19 FARM. ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF	ZOB. IF YE IN CERT Y INJURY IN ITEM 18	ES, WERE FIII IFYING CAU ES PART I OR PAR COUNT	NDINGS USED USES OF DEAT NO T 2) y, that (I) (v	H?
	PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d IN JURY OCC WHIE AT WORK AT 22a.1 certify that saw the dece above, (1) (we 22b. SIGN ATURE	DATING THE USE IDST. IGNIFICANT CO RATION UNDERLYING CONTROLL EXAMINER) URRED I WHILE CONTROLL EXAMINER UN WORK (I) (this hospito cosed drive an cosed drive and co	In the condition of the	TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY EET, PACTORY, OFFICE, I	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET . 19 ad that in (my) (aur) apinian DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF YE IN CERT Y INJURY IN ITEM 18 OR TOWN	ES, WERE FIII IFYING CAU (ES	NDINGS USED USES OF DEAT NO T 2) y, that (I) (v	H?
	PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF ETHER NOTIFY M 21d INJURY OCC WHILE AT M 1 WORK N 22a.1 certify that saw the dece	DATING THE USE IDST. IGNIFICANT CO RATION UNDERLYING THE CAUSE OF DEATH AEDICAL EXAMINER) URRED (I) (this hospital cased alive an application of the cased alive and application of the	In Place (at Home strength) attended the view the body	TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY EET, PACTORY, OFFICE, I	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET . 19 ad that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN 220. ADDRESS	Z00 AUTOPSY? YES NO [RED (ENTER NATURE OF CITY) To death accurred an to death accurred an to death accurred an to death accurred and to death accurred	20b. IF YE IN CERT Y INJURY IN ITEM 18 OR TOWN The date and has STAFF YSICIAN	ES, WERE FIII IFYING CAU (ES	NDINGS USED USES OF DEAT NO T 2) T 4 Si	H?
WEDICAL 230. E	PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF ETHER NOTIFY M 27a. I Certify that sow the dece above, [1] (we 27a. I Certify that Sow the dece above, [1] (we 27b. SIGN ATURE	DATING THE USE IDST. IGNIFICANT CO RATION UNDERLYING	In Place (at Home strength) attended the view the body	TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY EET. FACTORY, OFFICE, I after death.	AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET . 19 ad that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN 220. ADDRESS	Z00 AUTOPSY? YES NO[RED (ENTER NATURE OF CITY) Adeath accurred an total death accurred an total death accurred and total director Ph Md. 215	20b. IF YE IN CERT Y INJURY IN ITEM 18 OR TOWN The date and has STAFF YSICIAN	PART 1 OR PART COUNT 19 1226. D	NDINGS USED USES OF DEAT NO [172] T 12) T 12) T 14 T 16 T 16	H?
WEDICAL STATE OF THE PROPERTY	PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d IN JURY OCC WHILE NOTIFY M 22a.1 certify that saw the dece above, (1) (we 22b. SION ATURE 22d. P. H. S.	DATING THE USE IDST. IGNIFICANT CO RATION UNDERLYING	21b. TIME O HOUR A. P. 21b. PLACE (AT HOME. S18 PRINT) of the body	TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY eet. FACTORY, OFFICE, I	OPERATION AY YEAR 19 FARM. ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET . 19 and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 220. ADDRESS Oakland, EMETERY OR CREMATORY	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF CITY MEDICAL DIRECTOR PH Md 215	20b. IF YE IN CERT Y INJURY IN ITEM 18 OR TOWN TOWN TOWN TAFF STAFF STAFF STAFF STAFF STAFF STAFF	COUNTY	NDINGS USED USES OF DEAT NO TO	H?
WEDICAL	PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF ETHER NOTIFY M 27a. I Certify that sow the dece above, [1] (we 27a. I Certify that Sow the dece above, [1] (we 27b. SIGN ATURE	Defing the use lost. IGNIFICANT CO RATION UNDERLYING	IPB CONDITIONS CONDITI	TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY eet. FACTORY, OFFICE, I after death. 19 23c 1	AY YEAR 19 FARM. ETC) NAME OF C	216. HOW INJURY OCCUR 216. LOCATION STREET 19 ad that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 220. ADDRESS Oakland, EMETERY OR CREMATORY 1250. DA 1250. DA	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF CITY MEDICAL DIRECTOR PH Md 215	20b. IF YE IN CERT Y INJURY IN ITEM 18 OR TOWN The date and has STAFF YSICIAN TO GAT RARIZSA REGIS	COUNTY COUNTY	NDINGS USED USES OF DEAT NO TO	H?

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fill should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	

	1-5	STATE REGISTRAR		MED				CERTIFI).		
1		CEASED NAME OR PRINT)	Stella	a. Ma	MIDOLE		GRIE	FITH			OF ESTI- DEATH MATED		29 10 84	
ł	3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN	YEARS IF	JNDER 1 YR.	IF UNDER	24 HRS.	2c. DATE	MONTH	DAY YEAR	
- [male	White	Jan. 9.	1899	85		NTHS DAYS	HOURS	MIN.	PRONOUNCED DEAD	2	29 , 84	1020
1	-	RTHPLACE (S	11.0000	7b. CITIZEN OF WH			YRS.				9. BALTIMORE CITY O	R COUNT		F02 0%
1	Wa	shingt	on D.C.	USA			WIDO	RRIED N	DIVOR	ED X	Garrett	_		MC
9		ry or town kland	OF DEATH	102 N. S	PITAL, NUI PLITY, GIVE ST CONC	RSING HO	ME, OR O S) eet	THER INSTITU	NOITU	FOR	UAL OCCUPATION (TYPE MOST OF WORKING LIFE) .eslady	OFWORK	or indus Dept.	TRY
2	USUA 13a. ST		13b. COUN	DR OTHER INSTITUTION, GIV ITY rett		OR TOWN		13d. INSIDE YES 🕱	CITY LIMITS?	13e. STF	REET ADDRESS 2 N. Second	l Stre	eet 2/3	550
7	14. FA	THER'S NAM	Ē	MIDDLE				15. MOTH	ER'S MAID	ENNAM	E MIDDLE		TAST	
1	(unknow	m)		Dell:	inger		Maj	'V	E	Elizabeth	Bri	inkman	
П	16a W		DEVER IN U.S. AR			IAL SECUI	RITY NO.	17. INFOR	MANT		ADDRESS			
		NO OR BINKING	JWNJ (IF YES, GIVE	WAR OR DATES)	219	-05-1	134	Dr.	Thoma	as G.	Johnson C	aklar	nd, Mar	vlnad
			OF DEATH (Enter on	ly one couse per line DBY: Ce	far (a), (b)	ond (c).)	ascul	ar acc						LTE INTERVAL SET AND DEATH
		4.	360	DUE TO, OR	AS A CON	ISEQUENC	E OF							
		gave r	ins, if any, which ise to immediate i) stating the <u>under</u> -	/ (b)				s, gene	erallz	zeu			Years	
		lying co	use lost.	(c)										
4	NO	PART 2 DTHER S	ignificant conditions eberal va	contributing to DEATH B	iden	t 198	ERMINAL DISI 3	ASE DR CONDITI	ON GIVEN IN PA	ART I (a)			4	
	CAT	19a. DATE OI	FOPERATION	19b. CONDIT	ION FOR	WHICH OF	PERATION	WAS PERFO	RMED?				20 AUTOPS	Y?
4	TIFE												YES	NO X
3	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF	21b. TIME OF HOUR A.M. DEATH P.M.	MONTH	DAY YE		HOW INJUR	Y OCCURR	ED LENTER	R NATURE OF INJURY IN ITEM 18	PART 1 OR PAR	RT 2)	
	MEDI	WHILE AT WORK	OCCURRED NOT WHILE [21e PLACE O STREET, FACT			211.	STREET			CITY OR TOWN	COL	UNTY	STATE
			ify that I toak chargeted from: Natu	ge af the remains descrol causes (3),	Agrident	ive, held ar	Aut Spicide [opsy , , Ham	Inspection		Inquiry X, an	nd in my ap	oinion	
		ACTUAL SIGNATURE	1 am	HJ	-5	1	(M.D. TITLE	SPECIFY)	MEI	DICAL EXAMINER	DATE	2-29-19	184
	1	Exampled				1								
1		TYPE OR PR	James James	H. Feaste						2nd.	St., Oakla	ind, I	Marylar	d
		URIAL CREMA	ATION, REMOVAL	23b. DATE	23c. 1	NAME OF	CEMETERY	OR CREMA	ORY	23d L	OCATION Y OR TOWN	COUP	NTY	STATE
	B	Burial	0	3/2/84	4 Ro	ock C	reek	Cemete	ery	M	Vashington,	D.C.		
	24 FU	UNERAL DIRE	Ellent	Dune							BY REGISTRAR 256. REGI			
	Du	rst Fu	neral Hor	ne Oak	land	Mar	vland	2155	AR O	OB	84 Julia David	bon-A	andelle	79

DHMH - 17 (VR A15 ME (5))

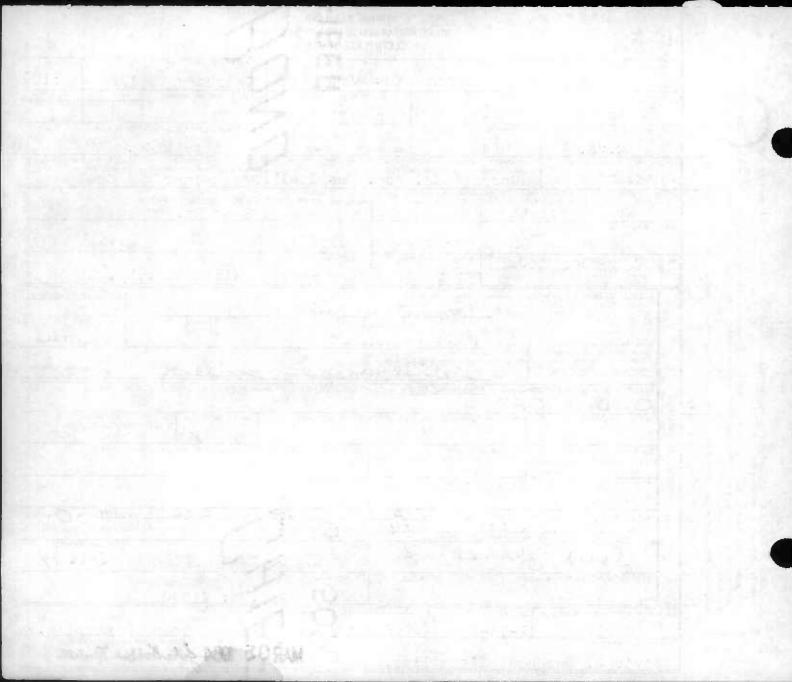
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR			ou Ann	CERTIF	ICATE OF DEATH	REG. N	0.	0 0	
	EASED NAME	FIRST	17 11 11 11 11	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(1172)	JR PRINT)	Ray		Wilson	Ha	arvey	February	1 26	1984	8:10
3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Male		Whit	е	Mar		90	YRS	ALCOHOLD DATA	TOURS MILE.
	THPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
	W.V	a.	USA		WIDOWE		Garre	tt C	0.	WE
	Y OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
12	akland		Garr	ett Co.	Mem	. Hospital	Coal Min		Coa	1
13a. S	Мф	13b. CO	orotherinstitution. Unity rett	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Kitzmi	/N	13d. INSIDE CITY LIMITS? YES NO \(\overline{\text{V}}	13e.STREET ADDRESS		× 2	1538
	THER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN NA	WE		1A	ST
	Willia	m	S.	Harve	У	Berdie			Wilso	
	AS DECEASED E		ARMED FORCES?	166 SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDR	ESS		
(11	NO	(IF TES,	SIVE WAR OR DATES	232 26	0760	Anna Harve	y Kitzmi	ller	, Md. 2	1538
	18 CAUSE OF D	EATH (Enter	anly ane cause per	line for (a), (b), an	id (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEAT		SED BY: ATE CAUSE (a)	Respin	itor	y failure				
	43 (Conditions, if	00		RAS A CONSEQU		J. D			24	reele
	gave rise to couse (a), s	immediate		RAS A CONSEOU	ENCE OF	vasculor	occiden	K	2.	weeks
z	PART 2. OTHER	SIGNIFICAN	CHE	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITIONG	IVEN IN PART 1	o,
CERTIFICATION	190 DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERT	ES, WERE FINDI	
AL	2) a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF	DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART (OR PART 2)	
-	21d. INJURY OCH	CURRED OT WHILE T WORK	?le PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC]	21f. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
			spital) attended the n 2 - 2 5		F4,0	nd that in (my) (our) apinian	death accurred an the d	ate and ho		that (we) last causes stated
	226. SIGNATURE	De	Zelm	oen, n.	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c. DATE	L6-HY
	red Ze		E OR PRINT)			22e. ADDRESS	d,Md. 215	50		
	URIAL, CREMATI		AL 73b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	70		
	Buri		2-28-			Cemetery	Flk Gar	don	Miner	al W.V
	NERAL DIRECTO	PR		ADDRESS (itzmil)		25a. DA1	TE REC'D. BY REGISTRA	den 25b. regis	STRAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT If hem 21 is mosked or them 18 shows only



1 -	FOR STATE REGISTRAR
1 -	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	4	3	6	9
	G. NO.		0	1

I. DECEASED NAME FIRST MODE LAST 20. DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT) Elmer Grant Hershberger February 13, 1984 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) WONTH DAY YEAR MONTH DAY YEAR FOR THE PRINT OF TH	
Elmer Grant Hershberger February 13, 1984 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MOONTH DAY YEAR MOONTHS DAYS	26 HOUR
MONTH DAY YEAR MONTHS DAYS	1:32 A
	IF UNDER 24 HRS
	TICONS MIN.
76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
West Virginia USA WDOWED⊠ DNORCED □ Garrett	M
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OF BUSINESS OF
Oakland Garrett County Memorial Hospital Serviceman Gara	
ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 10. STATE 136 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE	
Md. Garrett Oakland YES 🔀 NO□ 106 Liberty St.	21550
I FATHER'S MANDE IS. MOTHER'S MAIDEN NAME MIDDLE (ASI FIRST MIDDLE LA	ST
Harry Sebastian Hershberger Della May Stre	ets
60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
Yes (IF YES, GIVE WAR OR DATES) 220-10-0944 Mrs. Betty Wolfe, Oakland, Maryland	
	XIMATE INTERVAL LONSET AND DEATH
IMMEDIATE CAUSE (0) Conglative heart dailure Mi	nutes
1539 DUE TO, OR AS A CONSEQUENCE OF	
	ek:
gave rise to immediate couse (a), stating the DUETO, OR AS A CONSCOUENCE OF	
underlying cause last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	o
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDS IN CERTIFYING CAUSES 2/6 & 2/7/84 Cancer of Colon YES NOW YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 116M 18 PART 1 OR PART 2)	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FIND	
2/6 & 2/7/84 Cancer of Colon YES NO YES	NO 🗌
OR CONTRIBUTION CO	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
WHILE NOT WHILE ALWORK	
270.1 certify that (1) (this bespital) attended the deceased from 19 84 and that in (my) (our) coping death account on the deceased alive on 79 84 and that in (my) (our) coping death account on the determinant of the deceased alive on 19 84 and that in (my) (our) coping death account on the determinant of the determinant of the deceased alive on 19 84 and that in (my) (our) coping death account of the deceased alive on 19 84 and the deceased	that (I) (we) los
abave, (1) (we) (drd) (did nat) view the body after death.	
	SIGNED
ATTENDING MAEDICAL STAFF	15/84
O30 M PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN 2/	
PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN 2/	
Dr. Joseph Alvarez 236 BURIAL CREMATION, REMOVAL 236. DATE 278 PHYSICIAN DIRECTOR PHYSICIAN 2/2/20 ADDRESS Oakland, MD 21550 236 BURIAL CREMATION, REMOVAL 236. DATE 237. NAME OF CEMETERY OR CREMATORY 236. LOCATION	S] ATC
Dr. Joseph Alvarez 27	Maryla
PHYSICIAN DIRECTOR PHYSICIAN 2/ 1724 PHYSICIAN'S NAME (IVPE OF PRINT) 1720 ADDRESS Dr. Joseph Alvarez Oakland, MD 21550 230 BURIAL CREMATION, REMOVAL 230 DATE 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY COUNTY	Maryla

DHMH - 16 50M 4/83 (VRA 15, 4)

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	STATE (OF MARYL	AND	
DEPARTM	ENT OF HEA	ALTH AND	MENTAL H	YGIENE
	CERTIFIC	ATE OF	DEATH	

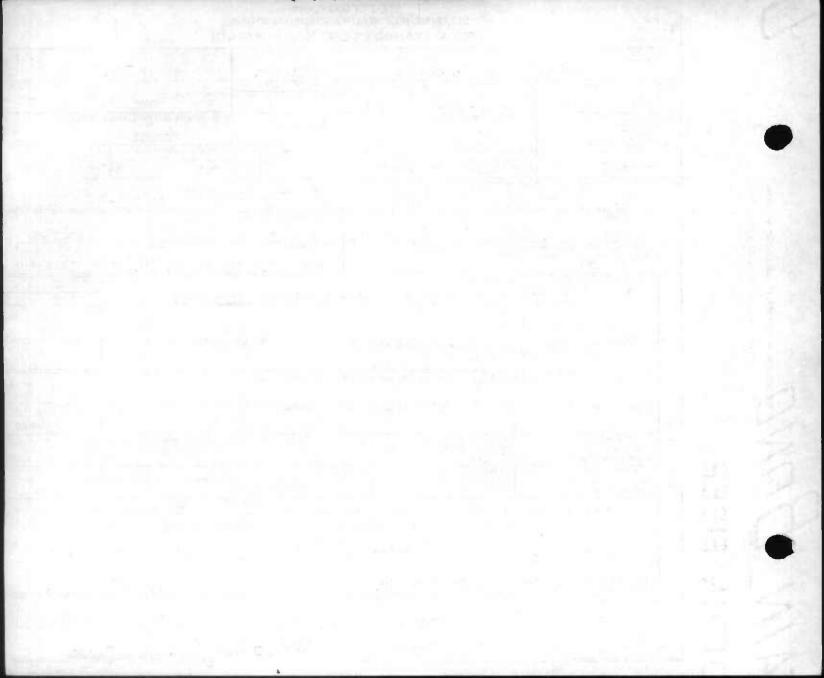
1 -	REGISTRAR										
1. DÉC	CEASED NAME	FIRST	AIE	DDI€	LAST		2a. DATE OF DE	REG NO.	DAY	YEAR 2b	HOUR
(TYPE	OR PRINT)	Edn a	Lee		JOHN	CON	Febru	2 2 11	2. 1	984	7 - 4 0
3. SEX	K		RACE		5. DATE OF		6 AGE (IN YEAR		IF UNDE		7 : 4 0
F	emal e		White		11	15 04	79) YR	MONTHS	DAYS H	OURS MIP
	RTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF W	HAT COUNTRY?	8			CITY OR COUN		ATH	
	erkeley	County	, US	A	WIDOWED	NEVER MARRIED DIVORCED X	Gar	rett			
	TY OR TOWN OF	DEATH /	1. NAME OF HO	SPITAL, NURSIN	IG HOME OR	OTHER INSTITUTION	12a USUAL OC	CUPATION			USINESS C
1	Oakland		Garret	t Co un t	y Mem	orial Hosp	Secre	e most of working		A Cei	nter
13a. S	AL RESIDENCE (IF N	TURSING HOME OF O		VE RESIDENCE BEFORE		IN INSIDE CITY LIMITS?	13e.STREET ADD	ORESS / ZIP CO		al	44
	WV.	Berk	celey	Marti	nsbur	SES XS NO □		North 1		e Ave	enue
FA	THER'S NAME	M	ODLE	LAST	15	MOTHER'S MAIDEN NA		NDDIE	13.35	7245	
	John	Mi	ller	Bran	tner	Mary E		ller 1			
	VAS DECEASED EV		ED FORCES? I	66. SOCIAL SECU	RITY NO. 1	, INFORMANT	Ma	artins	burg,	, WV.	. 254
	res, no or orangement	(18 163, 0186	WAR OR DATES!	232-28	-2066	Mrs. Rese	mary Br	renner	120 3	South	n Sti
	18 CAUSE OF DE	ATH (Enter only	one couse per lii	ne for (o), (b), one	d (c).1	,	?		8	APPROXIMAT	E INTERVAL ET AND DE AT
	PART I. DEATH	I WAS CAUSED	BY:	Art	Enios	lavotre (e	we Grov	48 centre	- 1	104	45
	Canditions, if a gave rise to cause IaI, str underlying ca	immediate ating the juse last.	(b)	AS A CONSEQUE	NCPOF Herio			, (, -))))))))))	Des	ge.	ears
IFICATION	gave rise to cause (a), str underlying ca	immediate ating the luse last.	DUE TO, OR A	AS A CONSEQUE	ENCROF MENTO DEATH BUT NO	OT RELATED TO THE TERM	200 AUTOPS	PR CONDITION (Y? 20b. IF	YES, WERE	FINDINGS AUSES OF	DEATH?
-	gave rise to cause (a), strunderlying ca	immediate ofing the use last. IGNIFICANT CO	DUE TO, OR A (c) DIDITIONS CON 196 CONDITE 216 TIME OF	AS A CONSEQUE ITRIBUTING TO E ON FOR WHICH	DEATH BUT NO	OT RELATED TO THE TERM	200 AUTOPS	Y? 70b. IF	YES, WERE RTIFYING C YES	FINDINGS AUSES OF	
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CERT	gove rise to cause loi, sh underlying co PART 2 OTHER S	immediate ating the luse last. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	DUE TO, OR A (c) DIADITIONS CON 19b. CONDITE 21b. TIME OF HOUR A.M. P.M. 21c. PLACE OF	AS A CONSEQUE ITRIBUTING TO E ON FOR WHICH INJURY MONTH DA	OPERATION Y	OT RELATED TO THE TERM WAS PERFORMED TE HOW INJURY OCCUR IF LOCATION	200 AUTOPS YES N RED (ENTER NATURE	Y? 20b. IF IN CER	YES, WERE RTIFYING C YES	FINDINGS AUSES OF PART 2)	DEATH?
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MEDICAL CERT	gove rise to cause lot, bunderlying compared to the cause lot, bunderlying compared to the cause lot, and contributing [GETHER NOTE AND ALL 276. I certify that sow the locus coboye, (1)/www.276. SIGNATURE 276. PHYSICIAN'S Thotaurial compared to the locus coboye, (1)/www.276. SIGNATURE 276. PHYSICIAN'S Thotaurial, CREMATIC	IMMEDIATE OF THE PROPERTY OF T	DUE TO, OR A (c) DIDITIONS CON 19b. CONDITIONS 21b. TIME OF HOUR A.M. P.M. 21c. PLACE OF JATHOME STREE 1) ottended the view the body of the body	AS A CONSEQUE ATRIBUTING TO E ON FOR WHICH INJURY MONTH DA FINJURY I, FACTORY, OFFICE, F deceased from 19 1er death.	OPERATION V AY YEAR 19 ARM ETC.) 7	OT RELATED TO THE TERM WAS PERFORMED TIC. HOW INJURY OCCUR If LOCATION STREET , 19 What imm (bur) opinion GREE ATTENDING PHYSICIAN	200 AUTOPS YES N RED (ENTER NATURE) depth occurred of DIRECTOR 1 234 LOCATK	Y? 20b. IF IN CER E OF INJURY IN ITEM ITY OR TOWN STAFF PHYSICIAN	YES, WERE RIJEYING COLUMN TO THE TOTAL TO THE TOTAL TO	FINDINGS AUSES OF PART 2] PART 2] UNITY , tho om the country to	STATE ST
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MEDICAL CERT	gove rise to cause lot, bunderlying compared to the cause lot, bunderlying compared to the cause lot, and contributing [GETHER NOTE AND ALL 276. I certify that sow the locus coboye, (1)/www.276. SIGNATURE 276. PHYSICIAN'S Thotaurial compared to the locus coboye, (1)/www.276. SIGNATURE 276. PHYSICIAN'S Thotaurial, CREMATIC	IMMEDIANE CO	DUE TO, OR A (c) DIDITIONS CON 19b. CONDITIONS 21b. TIME OF HOUR A.M. P.M. 21c. PLACE OF JATHOME STREE 1) ottended the view the body of the body	AS A CONSEQUE ATRIBUTING TO E ON FOR WHICH INJURY MONTH DA FINJURY I, FACTORY, OFFICE, F deceased from 19 1er death.	OPERATION OPERAT	OT RELATED TO THE TERM WAS PERFORMED TIC. HOW INJURY OCCUR If LOCATION STREET THAT IS THE STREET ATTENDING PHYSICIAN PHYSICIAN TO ADDRESS Third Street ETERY OR CREMATORY	200 AUTOPS YES N RED (ENTER NATURE) depth occurred of DIRECTOR 1 234 LOCATK	Y? 20b. IF IN CER OF INJURY IN ITEM ITY OR TOWN STAFF PHYSICIAN akland on	YES, WERE RTIFYING C YES 18. PART I OR I 19. A Mary Mary	FINDING: AUSES OF PART 2] UNITY L., tho om the cou t. DATE SIC 3 734 Land	STATE STATE STATE 100 we) It is seen stated in the control of t

(VRA 15, 4)

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T. B.	DURS 18. G WIT. P. MIT. P.
ONS	24 HC LONG LONG PERA GIENI
PRES	THIN SIL IN ALL HY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	PENC AMIN L-TR AENT
20, 20	G" IN G" IN AL EX NURIA AND A
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F VIII	WORL WORL E CH BE U
ONO	THE
IVISI	CERT TITING DDED DED E 3 SF E 3 SF
	E, WR SWAR SWAR PAG STATE
	HE FOR THE AND
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FILING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, RETAIN PAGE TO FUNERAL DIRECTOR: PAGES 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE HELD WITH AFFIRM THE STATE DEPARTMENT OF HEALTH AND MANIAL HYGIENE, DIVISION OF VITAL RECORDS. TO BE WELD A PAGE TO SHAMIN OF PERMOVAL.
	SHOUTH SHOUTH
	MED CUTE PUNI FUNI
	PAT PAT

		FOR			DEPARTM		E OF MARY EALTH AND		HYGIEN	16 A C	, 7			
		STATE REGISTRAR			MEDICAL EX					Hu 4 6	FG. NO.			
	1. DEC	EASED NAM	E FIRST		WIDDIE		LAST			20 DATE KNO	WN X MONT	TH DAY YEAR	2b. HOUR	
	(ITP)	E OR PRINT)	Harlar	nd	Eugene		KITZMIL	LER, J	r.	OF EST DEATH MAT	ED - Fe	b. 28 ₁₉ 84	1125P	
	3. SEX		4. RACE	5. DATE OF B	DAY YEAR		IF UNDER 1	YR. IF UNDE		2c. DATE PRONOUNCED	MONTI	H DAY YEAR	2d. HOUR	
		lale	White	Jan. 1	9, 1958	26 YRS	MONTHS	S HOURS	MIN	DEAD	March	1, 1984	3P _M	
K	70 81	BTRTHPLACE (STATE OR 7b.			F WHAT COUNTR	Y? 8	MARRIED X	NEVER MARI	RIED 🗌	9 BALTIMORE	CITY OR COU	INTY OF DEATH	X 1,125	
l	21	Maryland			SA		WIDOWED [DIVOR			rrett		MD	
7		(11			HOSPITAL, NURS	ET ADDRESS)		NOITUTION	FOR	JAL OCCUPATION MOST OF WORKING L		OR INDUST	RY	
/		Oaklanc			t-Weeks		·		Lab	orer		Gen'l La	abor	
	13a S		TI3b. COU	NTY rett	on, give residence bei 136. CITY O SWa			IDE CITY LIMITS?	13e STR	eet address ite #2,	Box 196	5-B 2:	1561	
j	14 FA	THER'S NAME	E	MIDDLE	LAS	ST	15. MG	THER'S MAID	DEN NAME	MIDDLE		LAST		
į		Harland Eugen			Kitzmi	ller,	Sr. E	ugenia		Iona		Brooks		
	16a. W	S, NO, OR UNKNO	D EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)	16b. SOCIA	L SECURITY I	40. 17 INI	ORMANT			DRESS			
		No				<u>66-976</u>	1 Har	land E	. Kit	zmiller	, Sr.,	See #13		
		18 CAUSE C	CATLLANAC CALLE	ED DV	er line far (a), (b), a							APPROXIMATI	T AND DEATH	
		19	IMMEDIA	ATE CAUSE (0)_	Metastat			Primar	y Sit	e: Brai	n	Years		
		Condition	ins, if any, which		O, OR AS A CONSI	EQUENCE OF								
		gave ri	ise ta immediat	e / (b)_										
		lying cau) stating the <u>under</u> use last.	DUE TO	D, OR AS A CONSE	QUENCE OF								
		BART 2 OTHER C	ICHIELCTUT CONOLLION	(c)_	BT 1711 BHT 1107 BT 1771									
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.												
	MEDICAL CERTIFICATION	19a. DATE OF	FOPERATION	19b C	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?		
	1 E											YES 🗆	NO [X]	
200	W W	21a EXTERNA	AL CAUSE WAS		27b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF							PART 2)		
)	CAL	CONTRIBUTI	ING 🗌 CAUSE OF	DEATH	P.M.	19		15						
	VED	21d. INJURY O	- NOT WOULE		ACE OF INJURY T, FACTORY, FARM, ETC.		211 LOCATIO	1		CITY OR TOWN		COUNTY	STATE	
	1	AT WORK	AT WORK											
		Illu. 1 carri	dy 1969 I took cho	rge of the remoi	n described above	theigh on	Autopsy	. Inspecti	an X.	Inquiry X	, and in my	opinion		
		death result	ted from Not	ural causes X	. Accident	Suici	de	amicide .	Undet	ermined manner				
	1	a See March 4 A	Λ_{α}	, 7	V			E (SPECIFY)						
		SIGNATURE	token	4-1	- fr		M.D	eputy	MED	ICAL EXAMINER	DA1 SIG	TE 3/1/	84	
)	/	EXAMINER'S	NAME D	The same of			МВ			2 02 1	0.1			
-		(TYPE OR PRI	INT) Dr.								g., Uak	kland, Md	•	
	23a.Bl	PECIFY)	TION, REMOVAL		1		TERY OR CREA		23d. LC	OR TOWN	0	OUNTY 51	TATE	
	74 51	bur		3/2/84	Gar	rett C	o. Mem.	Garden	IS Ua	akland,	barreti	t, Maryla	nd	
			A. Stewa	_ A	DRESS						W NEGISTRAK	SONATURE		
	I KY	י עמותר	1 Stower	rt fal	cland, Ma	myland	2155	MAR 1	5.19	21 /01	Davidson	80		



DHMH - 17

(VR A15 ME (5) 20M 4/82

STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

FOREIGN COUNTRY

Md.

Errice

(YES, NO, OR UNKNOWN)

Durst Funeral

Elmer

136 COUNTY

Garrett

MIDDLE

0.

(IF YES, GIVE WAR OR DATES)

White

4. RACE

Owens

7b. CITIZEN OF WHAT COUNTRY?

Rural Rt. 2

8/18/1924

USA

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE A	

IF UNDER 1 YR.

WIDOWED [

MARRIED TO NEVER MARR

13d: INSIDE CITY LIMITS?

Mary

INFORMANT

FIRST

15. MOTHER'S MAIDEN NAME

YES X

LILLER

59

11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION

Mt. Lake Park

16b. SOCIAL SECURITY NO.

Liller

OF DE	ATH	G.mg			
JI DE	REG. NO.	_			
	OF ESTI- DEATH MATED	2	16	YEAR 19 84	25 HOUR 230R
MIN.	PRONOUNCED DEAD	2	16	84 19	310P
HED []	9. BALTIMORE CITY OR	COUN	TY OF E	DEATH	
ED D	Garrett				MD
FOR	UAL OCCUPATION ITYPE O MOST OF WORKING LIFE! LEPENTEE	OF WORK	OF	ND OF BUSTR ildin	Υ
13e STF	REET ADDRESS Seneca Aver	nue (21	155	0

LAST

Moon

MIDDLE

ADDRESS

No		212-24-1288	Mrs. Elmer	O. Liller - sam	e as 13
18	Conditions, if any, which gave rise to immediate cause (a) stoting the <u>under-lying cause lost</u>	per line for (o), (b), and (c).) Multiple trauma with %-2nd-A-CervicaP vert thoracic cage with a multiple-1ower extre pick-up truck accide	tebrae, upper right hemotho mity fractur	sternum and adj orax (1.L) and	approximate interviber onset and di
		TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE			In AUTOPSY?

216 TIME OF INJURY 2308 A.M. MONTH BAY 84AR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)
Operator of pick-up truck—struck a tree. OR CONTRIBUTING CAUSE OF DEAT 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE wndale Road Rural Rt. 2. Oakland Garrett Maryland

228. I certify that I took charge of the remains described above, held on Undetermined manner

James H. Feaster, Jr., M. D. 107 S. 2nd. ST., Oakland, Md.

23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE

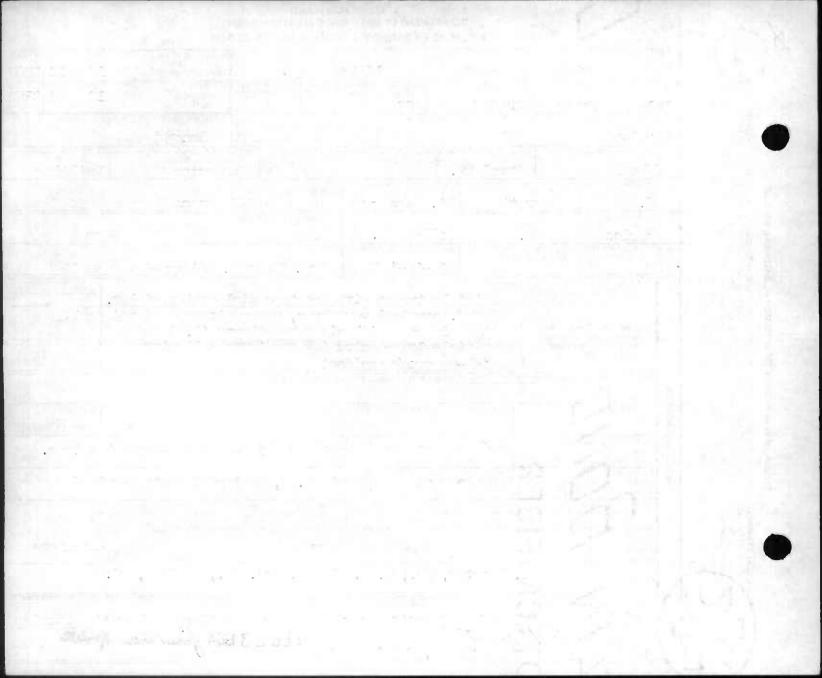
Buria Pleasant Valley Cemetery

Oakland

Maryland Garrett

DATE 2-16-1984

Oakland, Maryland 21550



STATE OF MARYLAND

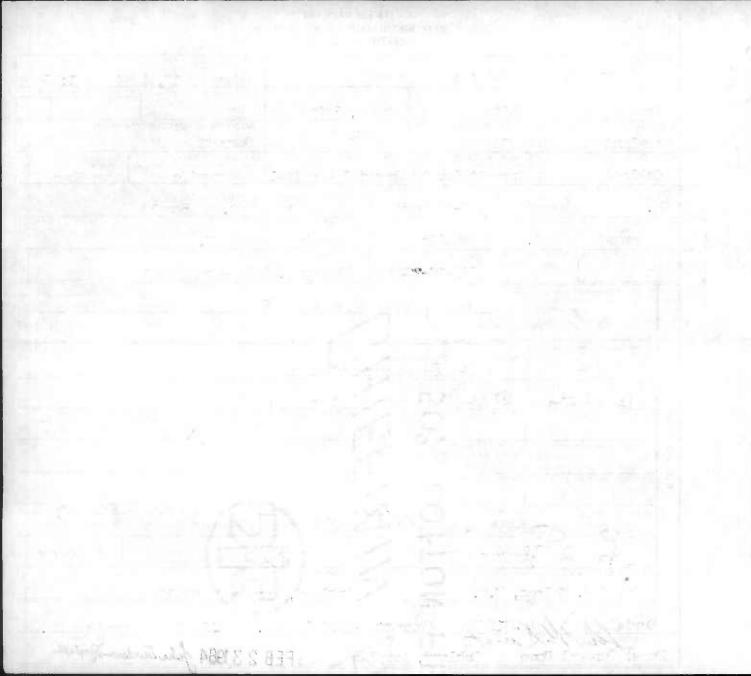
	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
11116	Blan	che	Schr	nidt	LOHR		Februar	v 17. 1	1984	1:25a
3. SE)	X		4. RACE		S. DATE C		6. AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 H
	Female		White		May		81	YRS.		HOURS M
7a. Bil	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
Ma	aryland		USA		WIDOWE	D DIVORCED	Garrett			
	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCU			F BUSINESS
-	Oakland		Garret	tt County	Memo:	rial Hospital	Housew		Own 1	Home
130. S	AL RESIDENCE (# NUR: STATE d.	136 COUN	YTY	13c. CITY OR TOW Deer Pa:	N	134. INSIDE CITY LIMITS?	13e. STREET ADDR	Box 13	21	550
14. FA	ATHER'S NAME			1 2002 200	~ ~ ~	15. MOTHER'S MAIDEN NA	ME			
	Henry		A.	Schmidt	5	Sarah	E.	DLE	Upole	Ť
16a. V	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	A	DDRESS		
1	VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF TES. GIV	E WAR OR DATES)	218-16-20	622B	Thomas P.	Lohr - sa	me as 1	.3	
	18. CAUSE OF DEAT	H (Enter on	alv ane couse per	line for (a), (b), and	d Ic . I					MATE INTERVA
	cause (a), statii underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF	elerosis.				
TIFICATION	cause (a), statu underlying cause	NIFICANT (CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	20b. IF YI	ES, WERE FINDING CAUSES	IGS USED
CERTIFICATION	PART 2. OTHER SIG	ng the e last. NIFICANT (STION	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YI	ES, WERE FINDIN IFYING CAUSES YES [GS USED OF DEATH?
	PART 2. OTHER SIG	NIFICANT (NIFICANT (NIFICANT (CAUSE OF DEALING CAUS	CONDITIONS CO	DATRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YI	ES, WERE FINDIN IFYING CAUSES YES [IGS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2. OTHER SIG	INTERPRETATION	CONDITIONS CO. 19b. COND 21b. TIME CO. HOUR A. P. 21e. PLACE	DATRIBUTING TO E	OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YI	ES, WERE FINDIN IFYING CAUSES YES [IGS USED OF DEATH?
	PART 2. OTHER SIG	ng the lost. NIFICANT (LOST OF THE LOST	CONDITIONS CO. 19b. COND 21b. TIME CO. HOUR A. R) 21e. PLACE (AT HOME. STI	ONTRIBUTING TO E OF INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATUREO	20b. IF YI IN CERT Y	ES, WERE FINDING CAUSES VES	STAT
	PART 2. OTHER SIG	ng the lost. NIFICANT (LOST OF THE LOST	CONDITIONS CO. 19b COND 21b TIME CO. HOUR A. HOUR A. P. 21e PLACE (AI HOME STI	ONTRIBUTING TO E OF INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 4 de that in (my) our) apinian DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE O	P PAJURY IN ITEM 18 OR TOWN STAFF STAFF	ES, WERE FINDING CAUSES VES	STAT
	PART 2. OTHER SIG	ng the elost. NIFICANT (NIFICANT (CAUSE OF DEAIL EXAMINET RED MILE John hospit and not did an	19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A. P. 21e PLACE (AI HOME STI	ONTRIBUTING TO E OF INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 4 de that in (my) our) apinian DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATUREO CITY	P PAJURY IN ITEM 18 OR TOWN STAFF STAFF	ES, WERE FINDING CAUSES VES	GS USED OF DEATH? NO STAT
	PART 2. OTHER SIG	ng the lost. NIFICANT (TION CAUSE OF DE- HILL EXAMINES RED AME (TYPE C	19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A. P. 21e PLACE (AI HOME STI	ONTRIBUTING TO E OF INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F after death.	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 44 At that in (my) our) apinian DE GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE) CITY To death accurred on I DIRECTOR PH	P PAJURY IN ITEM 18 OR TOWN STAFF STAFF	ES, WERE FINDING CAUSES VES	STAT
WEDICAL	PART 2. OTHER SIG	ng the lost. NIFICANT (NIFICANT	CONDITIONS CO. 19b. COND. 19b. COND. 19b. COND. 21b. TIME CO. HOUR A. P. 21e. PLACE (AI HOME, STILL) attended the condition of the body. DR PRINT) TABLE 1. TOTAL CO. TOT	DNTRIBUTING TO E OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F after death. 19	OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 d that in (my) our) aprinian DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATUREO CITY MEDICAL DIRECTOR PH 1234 LOCATION	PRINCIPLE TO STAFF HYSICIAN	ES, WERE FINDING CAUSES VES	STAT
WEDICAL	PART 2. OTHER SIG	ng the lost. NIFICANT (NIFICANT	CONDITIONS CO. 19b. COND. 19b. COND. 19b. COND. 21b. TIME CO. HOUR A. P. 21e. PLACE (AI HOME, STILL) attended the condition of the body. DR PRINT) TABLE 1. TOTAL CO. TOT	DNTRIBUTING TO E DITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F ofter death.	OPERATIO OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 12f. LOCATION DEGREE ATTENDING PHYSICIAN 22c. ADDRESS Oakland, Ma	200 AUTOPSY? YES NO RED (ENTER NATUREO CITY MEDICAL DIRECTOR PH 230 LOCATION CITY OR TO	P INJURY IN ITEM 18 OR TOWN 2 ~ 17 The date and ha STAFF HYSICIAN 21550	ES, WERE FINDING CAUSES (ES CAUSES) PART 1 OR PART 2) COUNTY Jur and from the	STAT
WEDICAL	COUSE (a), statiunderlying cause PART 2. OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIFY MED 22a, I certify the (II) Saw the decease above (b) we) (22b, SIGN TO SE 22d, PHYSICIAN'S N Jared B BURIAL, CREMATION, (SECCEY)	ng the lost. NIFICANT (NIFICANT	CONDITIONS CO. 19b. COND. 19b. COND. 19b. COND. 21b. TIME C. HOUR A. P. 21e. PLACE (AI MOME. STI	DNTRIBUTING TO E DITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F ofter death.	OPERATIO OPERATIO AY YEAR 19 ARM. ETC.)	216. HOW INJURY OCCUR 216. HOW INJURY OCCUR 216. LOCATION STREET 19 4 that in my our) apinian DEGREE ATTENDING PHYSICIAN 220. ADDRESS Oakland, Ma EMETERY OR CREMATORY Memorial Gare	200 AUTOPSY? YES NO RED (ENTER NATUREO CITY MEDICAL DIRECTOR PH 230 LOCATION CITY OR TO	P FINJURY IN ITEM 18 OR TOWN STAFF HYSICIAN 21550 INN AND IRAR 25b. REG IS	COUNTY COUNTY	STAIN (We couses state SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-stransit permit. Then please remove carban papers. Pagewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	0.			
-1	I DECEASED NAME FIRST	MIDDLE	LAS	1	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOU	R
١	Bernice		McCles		February			835	P _M
1	1. SEX	4 RACE	5. DATE OF	BIRTH DAY OOD YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF (UNDER I YEAR	HOURS	MIN.
d	Female	White		6, ^D A 1903 YEAR	80	YRS.			
А	THE BIRTHPLACE IN A E OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED	☐ NEVER MARRIED ☐	9. BALTIMORE CITY O		DEATH		
	Georgia O CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSII	WIDOWED		12a USUAL OCCUPATI	arrett	181 1/1010 0	E BUICH IE	MD
7	Oakland	(IF NOT IN SUCH FACILITY, GIVE STREET Garrett County	T ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	IZE KIND O INDUSTRY Educ	catio	
7	Georgia Sumi		IS I	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 601 Hanco	ck_Driv	e 9	999	09
9	James 01	iver McArthur		Beulah	Benton		Pound	ď	
7	160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECT	URITY NO.	17_INFORMANT	ADDRE	SS			
7	No	253-10-	3896	Mrs. Mary Ry	scavage, Oa	akland,	Md.	2155	0
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF		INAL DISTAST OF CON	OUTION CHIEF		2 mos	
7	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH			200 AUTOPSY? YES NO X	20b. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	NGS USED	H?
1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA OF EITHER NOTHS MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE AT WORK	HOUR A.M. MONTH D	DAY YEAR 19	21c. HOW INJURY OCCURR 21I LOCATION STREET	ED (ENTER NATURE OF INJUI		ORPART 2]	51	TATE
	the deceased alive an bove, (I we) (did) (did as		84 and	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN [220. DATE	SIGNED	
	Dr. Herber	t H. Leighton, M	1D	Oak Street,	Oakland, M	aryland	215	50	
	230. BURIAL, CREMATION, REMOVAL burial			ve Cemetery	Americus,				TATE
	24 FUNERAL DIRECTOR BradTey A. Stewar	rt Oakland, Ma	aryland		231984 \$	Sia David	en-Man	dell	

DHMH - 16 50M 1/81 (VRA 15, 4)

should be defined with the State Di IMPORTANT III

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

		FOR	
1	-	STATE	

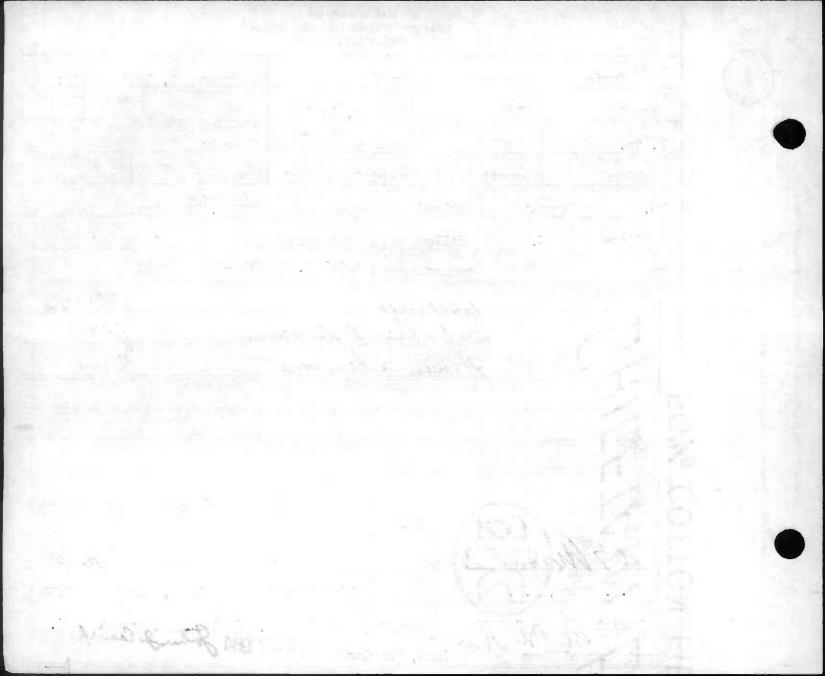
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		- 7	0
4	12	1	-
all or		-	3
	-00		

ľ	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRS			LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
L	Susie	Frances	McTA			984 11:05
3	3. SEX	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	Female	White	June	6, 1895	88 YRS	
8/67	70. BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT C	OUNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
200	W. Va.	USA	WIDOV		Garrett	
Fled	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
2	Oakland USUAL RESIDENCE (IF NURSING HO			rial Hospital	Housewife	Own Home
35	13a. STATE 13b. C	OUNTY 13t. CIT	y or town kland	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 203 S. 7th Str	eef 2/550
JE / A	14. FATHER'S NAME		1.68	15. MOTHER'S MAIDEN NA	ME	
100	Milton	J. B:	iller	Katherine	WIDDIE	ınknown)
	160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 166. SC	CIAL SECURITY NO.	17. INFORMANT	ADDRESS	
medi	(YES, NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	2-09-3433	Ralph L. Mc'	Tall - same as 1	13
e/ =				1		APPROXIMATE INTERVA
ant,	PART I. DEATH WAS CA	ter anly ane cause per line for AUSED BY:	(a), (b), and (c).			Deur
patic e	4049	DUE TO, QB	CONSCIPLE OF	10000		deans
0	Canditians, if any, which		copen	de desea	ill	Je de
er tr	gave rise to immediate cause (a), stating the		ON NUENCE OF	1	and the second s	2
to the	underlying cause los		peus a	deros		Years
۶. ٥		ANT CONDITIONS CONTRIBU	JTING TO DEATH BL	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IV IN PART 10
2	O.	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TW				<u></u>
à D	19a. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH
2	2) a ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJUR	NV.	Tab. How billing occupy		YES NO
60		110110 111	ONTH DAY YEAR	R INDW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	PART OR PART 2)
Peg.	S (IF EITHER NOTHY MEDICAL EXA	MINER) P.M.	19			
o p	21d. INJURY OCCURRED	21 e PLACE OF INJL	JRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STA
ă l	AT WORK NOT WHILE AT WORK			/	7 100	0
1 2	22a.1 certify that (I) (this	hospital) attended the decea	sed fram	, 19_02	2,10 /726	, 19 that (I) (we
s mork	and and the first factories			Labora to (most form) postales		
21 is mork	saw the deceased aliv	ve an 156	19 4	ond that in (my) (aur) opinion	death accurred an the date and h	our and from the causes state
lem 21 is mork	saw the deceased aliv	ve an Hold ofter de	eath. 19	DEGREE	death accurred an the date and h	our and fram the causes state
H hem 21 is mork	saw the deceased alivabave, (1) (we) (did) (d	ve an Habitation of the body after de	eath. 19	DEGREE ATTENDING	MEDICAL STAFF	
NNT: If hem 21 is mork	saw the deceased ali obave, (1) (we) (did) (d 22b. SIGNAL III)	auce M	oth. 19 9	DEGREE ATTENDING PHYSICIAN		
ORTANT: If Hem 21 is mork	saw the deceased ali above, (I) (we) (did) (d 22b. SENATURE 22d. PHYSICIAN'S NAME (LIDE OR PRINT)	eath. 19	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
IMPORTANT: If Item 21 is mork	saw the deceased ali obove, (h (we) (did) (d 22b. SANATION 22d. PHYSICIAN'S NAME (A.E. Mance	id not) view the body after de WE OR PRINT! O, M.D.	oth.	ATTENDING PHYSICIAN C	medical staff director physician Oakland, M	22c DATE SIGNED 22c DATE SIGNED Aryland 21550
IMPORTANT: If frem 21 is morked	saw the deceased ali above, (I) (we) (did) (d 22b. SENATURE 22d. PHYSICIAN'S NAME (id not) view the body after de WE OR PRINT! O, M.D.	23c. NAME OF	ATTENDING PHYSICIAN 220 ADDRESS	Dakland, M	224. DATE SIGNED

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



FOR STATE REGISTRAP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

res.	4	3	-9	6
U	4	3	-	C

1 DE	CEASED NAME	FIRST		MIDDLE	-	AST	2a. DATE OF DEATH		OAY YEAR	26 HOUR
(TYPE	Fr PRINT)	nma	F	tta	р	AUGH	February 1	0 100	2/	1150P A
3. SE			RACE	cca	5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
,	Female	2	Whit	te	Dec.	24, 1890 YEAR	93	YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
	Maryland	- 1	USA	P	WIDOWE		Garrett			M
10. CI	Oakland		. (IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS	ial Hospital	12a USUAL OCCUPATION OF COMMON TO HOUSEWIFE			
USU/ 13a. S	AL RESIDENCE (# NURS		THER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	Route #4.			21550
14. FA	ATHER'S NAME			J Deer Tax		15. MOTHER'S MAIDEN NA	ΛE	DOX .		21330
	Samue1		DOLE	Rodeheave	er	Elvie	WIDDLE		Cros	S
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS		
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	213-18-2	2551	Allen S. Pauc	gh, Sr., Oa	kland.	Md.	21550
	II. CAUSE OF DEATH	H (Enter only	one couse per	line for (o), (by one	(c).1				BETWEEN	IMATE INTERVAL ONSET AND DEATH
		IMMEDIATE		illr	eu	ua'	6/6/11/16		da	78
	4049		DUE TO, O	R AS ACONSEQUE	NCE OF	1 + 1.	00		lun'	
	Conditions, if ony,		((b)_	(MLOBI	650	eralle 1ºV	RX		face	-
	gove rise to imm couse (a), statin	g the	DUE TO O	R AS A CONSEQUE	NCE OF	0	C 0			
	underlying couse	lost.	(c)	astou	YX	terner G	enerce O		Jac	¥45
7	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN INJANT I	u ·
TO			, ,	cha den	ed	thup-				
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND.	MION FOR WHICH	OPERATIO	N WAS PERFORMED	20€ AUTOPSY?		, WERE FINDING YING CAUSES	
	OR CONTRIBUTING		116. TIME C	FINJURY M. MONTH DA	Y YEAR	110 HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART OR PART 2)	
CAL	(IF EITHER NOTIFY MEDIC		P.		19					
MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY	ARAA EIC \	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
~	AT WORK NOT WH	SK						1	- OCC	
	22s.1 certify that (I)				000	, 19 5 0		56		that (I) XX los
N	sow the decease	d alive on_	view the body	ofter death.	, 0	nd that in (my) 🂥 () opinion o	death occurred on the d	ote and hou	ond from the	couses stated
	176 SIGNATURE	2/1.	M			DEGREE	/	CT C	22c. DATE	SIGNED /
	121	MA	Ru	e 111	1/	ATTENDING PHYSICIAN	MEDICAL STA	IAN	12-	12684
-	224 PHYSICIANS NA	202 100			0	22e ADDRESS				
	Dr.	A. E.	Mance,	, MD		Third Street	o, Oakland,	Maryl	and 2	1550
23a, E	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
1	buria		2/13/	84 Oak	land	Cemetery	Dakland. (arret	t Man	aland
	UNERAL DIRECTOR					FBB T	Dakland	And Control	水本 队中国在2	UKE 3
Br	adley A. S	tewart	: Oak	land, Mar	yland	21550	0			-

DHMH - 16 50M 4/83

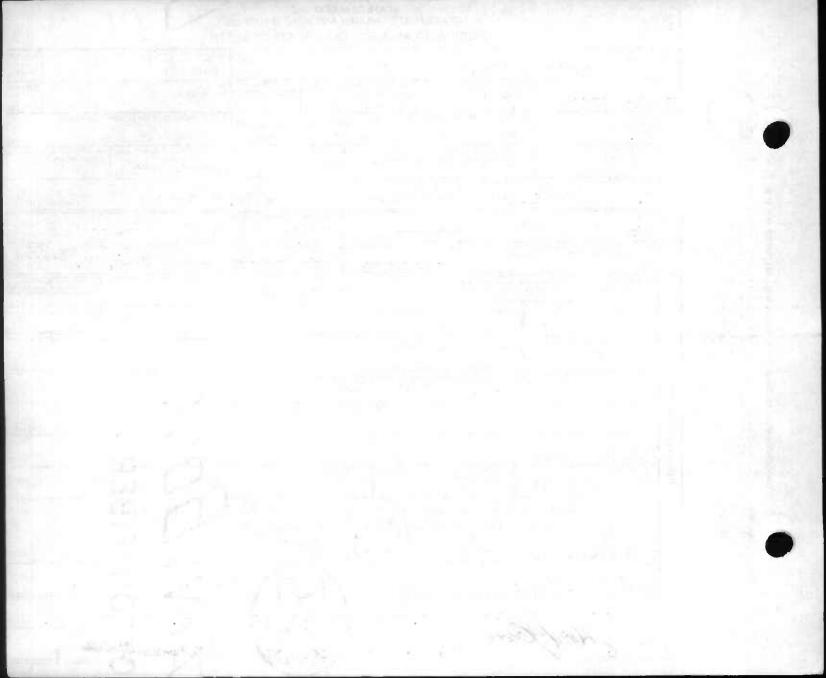
(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ortending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

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	Maria Barriera		
		make + 1/2	
	100		
- Malayina Maria	1.877		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

1-	FOR STATE REGISTRAR CEASED NAME FIRST		RTMENT OF HEALT AL EXAMINER'S			DAY YEAR 76 H
(14b	Myrtle	Blanche	PETER	RSON	OF ESTI-	10 , 84 925
3 SEX		5 DATE OF BIRTH MONTH DAY 6/15/05	6. AGE (IN YEARS IF L		24 HRS. 2¢ DATE MONTH PRONOUNCED DEAD DEAD	10 1984 935
7a Bi	IRTHPLACE (STATE OR DREIGN COUNTRY)	USA	DUNTRY? 8. MAR. WIDO	RIED NEVER MARRI		
	Oakland		NURSING HOME, OR OT		ONE STORY OF WORK TO STORY OF WORK TOR MOST OF WORKING LIFE) Domestic Work	126 KIND OF BUSINES OR INDUSTRY
13a S	AL RESIDENCE (IF IN NURSING HOME OF TATE Wash	17Y 13c	ENCE BEFORE ADMISSION) CITY OR TOWN agerstown	13d INSIDE CITY LIMITS?	Rt. 2 Box 104	21709
14. F/	ATHER'S NAME Adam	MIDDLE Pe	terson	IS MOTHER'S MAIDE Elsie	N NAME MIDDLE Fre	eid
	WAS DECEASED EVER IN U.S. AR. (ES, NO, OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	15-18-1709	Doris Spre	ADDRESS Rt. ecker - Hagerstown,	2 Box 104 Md. 21704
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane cause per line far (a D BY: Arterio TE CAUSE (a)), (b), and (c),) Osclerosis,	generalized	1	APPROXIMATE INTERBETWEEN ONSET AND D
	Canditions, if any, which gave rise to immediate couse (a) stating the <u>underlying cause last</u> .	(b Corona:	consequence of ry artery di consequence of	sease		Years
NO	PART 2 OTHER SIGNIFICANT CONDITIONS Hype	contributing to DEATH BUT NOT rtension; Dia	RELATED TO THE TERMINAL DISE abetes Melli	ASE OR CONDITION GIVEN IN PA	RT ((a).	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	NTH DAY YEAR		D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	ART 2)
MED	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK	21e PLACE OF INJ		OCATION STREET	CITY OR TOWN CO	NUNTY S
	22a I certify may I taak chars death resulted nam: Natu ACTUAL SIGNATORY		lent . Swicide .	npsy Inspection Hamicide	Undetermined manner .	pinian ED 2–10–1984
4	EXAMILIT'S NAME Jame			_ADDRESS	. 2nd. St., Oakland	l, Md.
(5	URTAL, CREMATION, REMOVAL SPECIFY Burial	2/13/84	Mt. Pleasa	nt Cemetery	COUNTY OF TOWN Greene Twp. Frank REC'D. BY REGISTRAR 1256. REGISTRAR'S.	lin Pa.
	NAME David Y Grove	Waynesboro	, Pa. 17268	CO 370	Gulia Davidson-Rom	Par



illed in by the fun

STATE OF MARYLAND

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH							
1		CEASED NAME FRST		WIDDLE	ı	AST .	20 DATE OF DEATH		YEAR	26 HOUR	
	(TYPE	Katheri	ne Eliz	Elizabeth VANSICKLE		CLE	February 14, 1984		4	6:35 A	
	3. SE>	X		5 DATE C		6 AGE IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS.		
	-	Female	Whit	e	Feb.	8, 1911 YEAR	73	YRS.	THS DAYS	HOURS MIN	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
		laryland	US	A	WIDOWE		Garrett County, MC				
7		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE			OF BUSINESS OR	
5	Oakland Garrett County Memorial Hosp						COOK	WORKING [IFE]	Rest	aurant	
7	USUA	AL RESIDENCE UF NURSING HOME	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				21000		
2		Ist COUNTY 13t CHIY OR TOWN 13td INSIDE CHIY LIMITS? 13td STREET ADDRESS / ZIP COOR 13td INSIDE CHIY LIMITS? 13td STREET ADDRESS / ZIP COOR 13td INSIDE CHIY LIMITS? 13td STREET ADDRESS / ZIP COOR 13td INSIDE CHIY LIMITS? 13td STREET ADDRESS / ZIP COOR 13td INSIDE CHIY LIMITS? 13td STREET ADDRESS / ZIP COOR 13td INSIDE CHIY LIMITS? 13td STREET ADDRESS / ZIP COOR 13td INSIDE CHIY LIMITS? 13td INSIDE CHIY LIMITS 13td INSIDE CHIY LIMITS								21531	
		ATHER'S NAME			1110	15. MOTHER'S MAIDEN NA	ME	or I)		~=))=	
	1	Ami	WIDDLE	Hinobal	ach	Elizabet	MIDDLE		Ho	er f	
7	16s. W	VAS DECEASED EVER IN U.S. A	RMED FORCES?	Hinebaugh Elizabe			Route 1, Box 136				
	(1		WE WAR OR DATES	220 20 8	noute 1, box 1				I XOG	MD 21 531	
		No No		220-30-8052 Clifford VanSickle, Friendsville, MD 2					IMATE INTERVAL ONSET AND DEATH		
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	0001	a (C1.)	Arment			BETWEEN	ONSET AND DEATH	
1		IMMEDIATE CAUSE (O) (avdia (Arres)									
	Conditions, if ony, which () MODADLE MY DCA (LA) IN FOR COT										
1		Conditions, if ony, which gove rise to immediate	(p)_	entaror.							
4		couse (a), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (
1		PART 2. OTHER SIGNIFICANT	(6)	DALIZED DI LIVIA CO LO L	DE ATM DAIL	NOT DELATED TO THE YEAR	NAME OF THE OR COME	NITION CIVEN	BLD ADT 1		
1	N	H + 10 (+0 C	CONDITIONS		A 6	USE. TOM.	Bronch	-	Ca		
$\frac{1}{2}$	CERTIFICATION	190 DATE OF OPERATION	TION FOR WHICH	TION FOR WHICH OPERATION WAS PERFORMED			206 IF YES, W	ERE FINDIN	NGS USED		
7	FIC	/ /				200 AUTOPSY? 100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
7	ERT	21a, ACCIDENT WAS UNDERLYING 7 21b. TIME OF INJURY				21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)					
1		OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH DA							
	MEDICAL	(WEITHER NOTHYMEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY			19	21f LOCATION					
	ME	WHILE NOT WHILE TO THE TOTAL STREET, FACTORY, OFFICE, FARM, E		ARM, ETC	STREET	CITY OR TOWN		COUNTY			
		AT WORK AT WORK							90	that (1) (we) last	
П		228.1 certify that (I) (this hospital) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19									
		above, (I) [we] (did) (did not) view the body ofter death.							22c. DATE		
		/ long BATA				MT ATTENDING	MEDICAL STAF		0	1,100	
7		22 PHYSICIAN'S NAME ITYPE	OR PRINTI	22e. ADDRESS	DIRECTOR PHYSIC	IAN []	1 4-1	14-41			
	10	George B.	riendsville	MD 2	1531						
-	21a. B	SURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	234 LOCATION		2000		
		Burial	Feb. 17	109h ca	nd Cm	wine Comptons	Friends	477 0	Contra	tt. Md.	
	24,39	INERAGORECTOR	TEU .		na ap	ring Cemetery	THE WOATS A	ISA MESISTRAL	Garre TS WONA	UBC.	
1	W.	signal/ few	new	Grant	svill	e, Md.	4 0 1004 gu	P-ENEVIGORI	malanta		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the ortending physician and ci should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

THE WEST OF THE STATE OF THE ST marker with the contract of th p.Limac , your o's account the market and the second transfer that the Dorgrand | Sameth | Standard x | Court 1, on 1.5 off won , I sayo 13 Co. ac-10-10 to later to Classes Ton Market Co. actantavilla, Ton 21 ft FOR (, FIRETRY 10, 1 E.S. EEB 213 884 CLUMBER OF THE STATE OF THE STAT

The state of the state of the state of

ond completely filled in by the funeral directoroges 1 and 2 should be filed within 72 hours o

1	-	FOR STATE REGISTRAF
-	-	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

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200					

	REGISTRAR		CERTII	TOATE OF BEATTI	REG. N	0.				
	DECEASED NAME FIRST	MIODLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR			
L	Jesse	Jona	than W	alker	Feb. 3	1984	9:00p			
3.	SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER	TYEAR IF UNDER 24 HRS			
1	Male	White		c. 27 1896	87	YRS	DATS HOURS MIN			
70	BIRTHPLACE (STATE OR FOREIGN Alabama	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY C	ATH MD.				
	CITY OR TOWN OF DEATH Kitzmille	1	L, NURSING HOME CONTROL CONTRO		120 USUAL OCCUPAT		Coal			
l I			pence before admission) Y OFTOWN Lalimar	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Shallr	nar Rd	1559			
14	FATHER'S NAME FIRST William	Mooit Danmel Wa	ılker	15. MOTHER'S MAIDEN NAMERST	Ann	n Tib	betts			
160	MAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 213 01 6621 Iva Walke		ADDRESS						
	PART I. DEATH WAS CAUSE	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
10000				IN CERTIFY			WERE FINDINGS USED (ING CAUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d IN JURY OCCURRED	ain	DNTH DAY YEAR 19 RY	21¢ HOW INJURY OCCURR 211 LOCATION STREET			ART 2)			
	220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	, to death occurred on the d		, that (I) (we) lost om the couses stated						
	22d PHYSICIAN'S NAME LIVE	SOL C	_ Δ	ATTENDING PHYSICIAN	MEDICAL STA		2-14-84			
			1 Miller M.D.		Oakland, Md. 21550					
23	Burial, CREMATION, REMOVAL	23b. DATE 2-6-84	23t. NAME OF C	emetery or crematory gh Cemetery	F1k Gard	len Min	eral W.Va			

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physicion and cor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physician.

BP.

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury. or other troumotic event, the

24 FUNERAL DIRECTOR David A. Burdock

Kitzmiller, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



Le		1 -	FOR STATE REGISTRAR	DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 0 4 8	8 1	
(ff	1		EASED NAME FIRST DR PRINT) Edwin	John WEI	NKAM	LAST	February		7:35P M
100	3	. SEX		4. RACE	5. DATE	OF BIRTH	6 AGE IN YEARS LAST BIRT	THDAY) IF UNDER	TYEAR # UNDER 24 HRS
s of		,	Male	White	MONI	_ / 14 4	62	YRS.	DAYS HOURS MIN.
l dir	1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COU	NTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		TH
unero)	1	MD.	USA	WIDOW	ED DIVORCED	GARRET COUNTY		MD.
The fa	1		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		CIND OF BUSINESS OR
Ped E	2	_	PAKLAND	GARRET C	1				IR CRAST
ould be		USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 13b COUNT		UNTY 13c CITY O		13d. INSIDE CITY LIMITS? YES NO P	13e.STREET ADDRESS /	ZIP CODE 2	1541
12 sh	n	4. FA	THER'S NAME		AST	15 MOTHER'S MAIDEN NAM	ME		LAST
lomo long	0	-	VILLIAM	WEINKA		FLOREN	re 1	REIF	
ges l	1		AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (# YES,		- 18667	17 INFORMANT	ADDRE		
rs. Poge		_	UNK	1213	- 10 66 10	CATHERIA	UE WEIN	////	A BOVE
d by the attending physics ease remove corbanpaper al, cremation, or removal. or other traumatic event, th			PART I. DEATH WAS CAU	DUE TO, OR AS A CON	EUM HSEQUENCE OF CINO M	11.	7	_ 86	TWEEN ONSET AND DEATH I WEEK I YEAR
hen p o bur jury, o		Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTE	GIO DEATH BU	T NOT RELATED TO THE TERM	a sease or cont	DITION GIVEN IN P	ART Iro
hos been t permit. T ene prior t	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	4	200 AUTOPSY? YES NOW	206. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH? NO []
certificate unial-transi Nental Hygi	1	MEDICAL CER	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMI	NER) P.M.	TH DAY YEAR		RED (ENTER NATURE OF INJUR	RY IN ITEM IS PART TORP	ART 2)
frer this os the b th and A arked ar		MED	WHILE OCCURRED NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TO	WN COU	NTY STATE
CTOR: A star use of Heal			sow the deceased alive above, (I) (we) (did) (did	on FC b + K 1 + y 3 not) view the body after death	19 8 4	and that in (my) (sur) opinion of	deoth occurred on the do		
RAL DIRE detached tate Dept			276. SIGNATURE WA	unam	- M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FF C	2-3-84
to FUNE should be with the S			Walter N	Laumann	MID,	A Ccide	nt MD	2152	0

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR J.B. CENNELLY

(SPECIFY)

23e. BURIAL, CREMATION, REMOVAL

300 MACE

23b. DATE

23d LOCATION
CITY OR TOWN
BALTO, VALLEY MO 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 7 1984

STATE

Petrough vs. Lille (1:39) MARKET THICK I I MANUAL THE PERSON OF TH \$1500 mm particular control of the c THE REAL PROPERTY OF THE PARTY OF THE PARTY.